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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Nicaragua

SUMMARY

The Executive Director presents the country programme strategy note for Nicaragua for a programme of cooperation for the period 1997 to 2001.

In Nicaragua, 53 per cent of the population are under 18 years of age and 84 per cent of children live in poverty. Despite these constraints, there are important signs of hope in the country which is still grappling with a process of economic recovery, political reconciliation and democratization following years of armed conflict. Although still high, infant, child and maternal mortality rates have continued to decrease over the last five years. The Government has ratified the Convention on the Rights of the Child, developed a national programme of action as a follow-up to the World Summit for Children and is making progress towards most of the mid- and end-decade goals.

In accordance with national policies, the proposed programme will support the country in achieving such national goals as reduction of infant and child mortality, improved maternal care, reduction of primary school drop-out and repetition rates and expansion of water supply and sanitation coverage. In all aspects of the programme, attention will be given to strengthening national and local capacities for improved quality and coverage of services. Community and family empowerment will be pursued to guarantee sustainability. Social communication and mobilization, a gender approach and monitoring and evaluation will be cross-cutting strategies.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Nicaragua is a country of young people: 53 per cent of the population, currently estimated at 4.1 million, are under the age of 18 years. This trend is likely to continue in the short term given the high fertility rate of 4.6 children per woman and with 20 per cent of all births occurring to women under 20 years of age. Approximately 84 per cent of all children are living in poverty and 28 per cent of households are headed by women, 41 per cent of them living in extreme poverty. Between 1990 and 1994, real gross domestic product per capita continued to decrease, to \$417, or 33 per cent of its 1977 value. Despite these constraints, there are important signs of hope in the country which is still grappling with a process of economic recovery, political reconciliation and democratization following years of armed conflict.

2. Between 1990 and 1994, the infant mortality rate decreased from 72 to 58 per 1,000 live births and the under-five mortality rate declined from 81 to 68 per 1,000 live births. The maternal mortality rate, while still high, decreased from 159 to 110 per 100,000 live births. Given these trends, the country is in a position to achieve the World Summit for Children mortality reduction goals by or before the year 2000. Substantial progress also has been made towards the mid-decade goals. Polio has been eradicated, measles is likely to be eradicated by 1997 and there were no reported deaths caused by neonatal tetanus in 1994. Currently, 89 per cent of all salt is iodized and over 92 per cent of all children between 6 and 11 months of age and 48 per cent of all children 1-4 years old have received vitamin A supplements. The Government has ratified both the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. A national programme of action (NPA) has been formulated and the National Commission for the Protection and Defense of Children's Rights is monitoring the NPA goals. The Convention on the Rights of the Child has been incorporated into the national constitution and a legislative proposal for a "Code for the Child" is being drafted for congressional approval.

3. Although national non-governmental organizations (NGOs), community organizations and other cooperation agencies are becoming more involved with government initiatives for children, a number of indicators reveal continuing problems in meeting the needs and rights of children. There are regional disparities, with social indicators falling below the national average in the Central, Northern and Atlantic regions. Throughout the country, there is a 12 per cent rate of child malnutrition and high primary school repetition rates. Major causes of infant and child mortality continue to be diarrhoeal diseases and acute respiratory infections (ARI). Child abuse, institutionalization, drug addiction, prostitution and labour exploitation, as well as children in conflict with the law, are problems of growing concern.

LESSONS LEARNED FROM PAST COOPERATION

4. Strategies for capacity-building and community empowerment have been most effective at the subnational level. This strategy mix should be pursued further within the context of the Government's decentralization policies. Gender

training activities have helped to build consensus on the need for more gender-sensitive social policies and should be continued. The link between the NPA goals and the Convention on the Rights of the Child has become more evident at policy-making levels, which has facilitated efforts aimed at mobilizing organizations and national resources for children. This link should be strengthened in the new programme. However, greater emphasis needs to be given to strengthening information systems to monitor the situation of children for improved communication and mobilization activities. An evaluation of the water supply and sanitation programme has identified the need to strengthen the hygiene education component. Initiatives to enhance child participation should be strengthened, as appropriate, in different parts of the country programme.

PROPOSED COUNTRY PROGRAMME STRATEGY

5. National commitments to the NPA goals and the Convention on the Rights of the Child are closely linked to the Government's Social Agenda, which aims to: (a) prioritize the poorest and most vulnerable population; and (b) improve the efficiency and effectiveness of basic services through decentralization, participation of civil society, inter-institutional coordination and improved management and targeting of interventions. Although the United Nations country strategy note has not yet been finalized, the Government has established poverty reduction as the guiding principle in its preparation.

6. The proposed programme of cooperation will support the country in its efforts to achieve national goals for children by supporting interventions aimed at: (a) reducing infant and child deaths due to diarrhoea and ARI in regions where mortality rates are above the national average; (b) improving the quality of maternal health care and increasing access to prenatal and perinatal care; (c) strengthening monitoring systems to ensure that salt iodization levels are sustained; (d) eliminating vitamin A deficiency; (e) reducing school repetition and drop-out rates in the first two years of primary school; (f) increasing water supply and sanitation coverage in underserved rural and marginal urban areas; (g) increasing public awareness and understanding of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (h) legislative, institutional and policy improvements required for the protection of children's rights.

7. The programme will be implemented at two levels: national and area-based. Priority attention will be given to strengthening national capacity for improved quality and coverage of services. Special emphasis will be given to strengthening the capacity of local-level authorities to plan and implement services with greater community and NGO participation. Community empowerment strategies will be linked to service delivery interventions for increased access and sustainability. Social communication and mobilization, gender mainstreaming and monitoring and evaluation will be cross-cutting strategies.

8. Health and nutrition. This programme, which is national in scope, will be implemented in coordination with the Pan American Health Organization, the World Health Organization, the United Nations Population Fund and the World Food Programme. Interventions will aim to sustain mid-decade goals for immunization,

the Baby-Friendly Hospital Initiative (BFHI), oral rehydration therapy, salt iodization and vitamin A deficiency; and to strengthen the decentralization of health services in selected regions of the country. Towards this end, support will be provided for strengthening the capacity of the Ministry of Health to monitor salt iodization for continued compliance with salt iodization legislation; improving epidemiological surveillance and health information systems; eliminating vitamin A deficiencies through sugar fortification; and expanding BFHI to all hospitals in the country. Social mobilization of all national partners will be a fundamental strategy for achieving these goals.

9. Support will be provided for strengthening the capacity of selected local integrated health care systems to improve the quality of maternal and child health services. Training will increase the skills of health workers and promote an integrated care approach to reduce missed opportunities for child care. Training and service delivery support also will be provided for the expansion of women's reproductive health and child nutrition services offered through community-based solidarity networks. Gender training of major partners, community-based groups and NGOs also will be supported.

10. Water supply and sanitation. This programme will be implemented within the framework of the UNICEF subregional water supply and sanitation programme for Central America. Strategies will be gender-sensitive and will strengthen local- and municipal-level capacity for expanding sustainable water supply and sanitation facilities using low-cost models of service delivery. Hygiene education activities will be implemented in coordination with the Ministries of Health and Education and the National Water Authority. UNICEF will provide technical assistance and training of technicians and members of community water committees. Interventions will be concentrated in the same locations as the local-level human development and health and nutrition programmes to enhance linkages with other interventions.

11. Basic education. This programme will pursue two strategies aimed at reducing drop-out and repetition rates in the early grades of primary school. They are support for an expansion of preschool coverage through non-formal, community-based models and in-service training of multigrade teachers in rural schools. Technical support will be provided to the Ministry of Education for the development of innovative teaching methods for over-aged children and for the development of learning materials.

12. Child and women's rights. Major strategies will include advocacy for the establishment of an independent child ombudsperson's office and technical support for legislative reform to ensure consistency between the Convention on the Rights of the Child and child-related legislation. Priority will be given to the Legal Code for Children, child labour laws and legislation concerning children in conflict with the law. Support will be provided for strengthening the capacity of institutions that provide services for women and children in difficult circumstances. Increasing the national information base on such subjects as child prostitution and rural child labour will be another priority. In close coordination with other partners, a system will be established to monitor implementation of the Convention. Gender training of government and NGO personnel will continue to be supported through this programme.

13. Human development at the local level. This area-based programme will enable sharper targeting of the national programmes and facilitate the delivery of an integrated package of interventions in selected municipalities in the five regions of the country where disparities are highest. Support will be provided to municipal commissions for children and local development councils for the development of plans of action for achieving municipal and local NPA goals. To this end, technical and financial support will be provided for strengthening local-level institutional capacity for intersectoral collaboration and planning, monitoring and evaluation, and expanding the coverage of decentralized service delivery models that build on community empowerment strategies.

14. Social communication and mobilization. The overall objective of this programme is to cultivate sustainable leadership at all levels for achieving the NPA goals, mobilizing increased public and private resources for children and putting the rights of children and women on the political, economic and social agendas of the state and civil society. Major lines of intervention include advocacy and social mobilization to promote the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; sensitization of policy makers, society and the family on the rights of the child, the girl child and the elimination of gender disparities; monitoring the situation of children and women; orientation of the mass media on child-related issues; and identification of possible areas for the private sector to play a strategic role in achieving specific goals, e.g. sugar fortification and salt iodization.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Health and nutrition	1 200	5 000	6 200
Education	1 500	2 000	3 500
Water supply and sanitation	200	3 000	3 200
Child and women's rights	1 320	3 000	4 320
Human development at the local level	180	5 000	5 180
Social communication and mobilization	<u>600</u>	<u>-</u>	<u>600</u>
Total	<u>5 000</u>	<u>18 000</u>	<u>23 000</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
